

## NANCY FARMER, MISSOURI STATE TREASURER MISSOURI FIRST LINKED DEPOSIT <u>AGRICULTURE</u> - <u>LIVESTOCK OPERATION</u> LOAN APPLICATION

Name:	Social Security #:									
Business Name:	Tax I.D. #:									
Street:										
County:		State:		ZIP:						
Phone #:()		FAX #: ()_								
Amount Requested: \$_	Is loan	Applicant guaranteed by the M nent Authority (MASE	lissouri Agriculture a							
INTENDED USE:	☐ Cattle	☐ Swine	□ Poultry	□ Other						
Number of Employees	:									
Explain nature of oper	ation:									
guaranteed by MAS  (a) Is headque  (b) Maintains  (c) Employs for the conting the conflict of	SBDA: artered in Missouri; operations and travewer than ten employed for profit; and at my percentage of that the reduced r of Interest Policy ad appliance with all sta unless the loan is gu expenses, the remains the already used shall to request additional to respond immedian and that any intenti- timinal liability.	s insacts business in Misson pyees; Fequity, defined as total is (60%). The tean will be used explopted by the State Treatment and federal laws. The uaranteed by MASBDA, ing loan proceeds will be repaid to the lending the tely to all reasonable re	ouri; assets minus total liabicularity of necessary surer's Office and I conthe total of reduced rate. In the event that the love immediately returned grinstitution as soon as term of the deposit or fuquests including prepart or misuse of linked deposit.	ility criteria if loan is not  expenses, and that I am  ply with that policy. I also loans to a borrower must an proceeds are not used for to the lending institution practicable. I understand for a reasonable period ration of an updated cosit loan funds subjects the						
Signature:				Date						

(Continued on the other side)

## **BANK CERTIFICATION:**

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the MISSOURI FIRST Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the MISSOURI FIRST Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

If deposit amount%.	requested is	s over	\$100,00,	the	interest	rate	that	would	normally	apply	to	this	loan	is
For Lender:														
Signatu	ıre		Title	<del></del>					Date					

## Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Director of Investments Department at 573-751-8530.

Revised January 8, 2001